

# COMPLAINT FORM



**This form is to be completed online before printing. If you are unable to do so, please contact the Securities Division at (702) 486-2440 for guidance.**

## Instructions:

- 1) Complete and print this form
- 2) Attach/Include necessary information (see section 5)
- 3) Mail to:

**NEVADA SECRETARY OF STATE,  
SECURITIES DIVISION  
555 E Washington Avenue, Suite 5200  
Las Vegas, NV 89101**

## Contact Information:

Telephone: 702-486-2440  
Fax: 702-486-2452  
Email: nvsec@govmail.state.nv.us  
Website: nvsos.gov

*The Division may begin an investigation upon receipt of this form. All information provided is deemed confidential and will not be available for public inspection except otherwise required by law.*

## **SECTION 1: Personal Information**

Date of Birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Last Name

First Name

Middle Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Street

City

State

Zip

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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(Area Code)

Home Phone

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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(Area Code)

Work Phone

(Extension)

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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(Area Code)

Cell Phone

Email Address

## Level of Education Completed:

- ☐ High School
- ☐ Bachelor of Science/Arts
- ☐ Masters/MBA
- ☐ Doctorate PhD
- ☐ Other

## Marital Status:

- ☐ Married
- ☐ Single
- ☐ Widowed
- ☐ Divorced
- ☐ Other

**Past Investment Experience (stock, bonds, business owner, etc.):**

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**SECTION 2: Information About Investment Offering  
(please provide name(s) of all persons involved)**

**General Information**

Name of Sales Person/Individual:

Firm/Company:

Doing Business As:

Street Address:

City:

State:

Zip Code:

Telephone #:

List of all Web sites and Email  
Address:


Name of Sales Person/Individual:

Firm/Company:

Doing Business As:

Street Address:

City:

State:

Zip Code:

Telephone #:

List of all Web sites and Email  
Address:


**Manner of Offering** Please check all that apply

- ☐ Telephone Solicitation
- ☐ Personal Visit
- ☐ Newspaper
- ☐ Television
- ☐ Internet

- ☐ Radio
- ☐ Letter/Mail
- ☐ Advertising Pamphlet
- ☐ Group Sales Presentation
- ☐ Other (attach statement/example)

**Describe and List the investment(s) related to this complaint; please include purchase and/or sale dates, dollar amounts, method of payment, etc.**

**Where was the salesperson physically located at the time of the sale? If the sale was made by telephone, from what location was the salesperson calling you? (Address, City, State)**

**Have you made a report or filed a complaint with any other regulatory entity or agency, or with an attorney? If so, please provide the details below.**

### **SECTION 3: Bank Account Information**

**Do you know the name of the bank or account in which your money was deposited? If so, please provide details.**

**If the investment was cash, did you receive a receipt?**

☐ YES

☐ NO

## SECTION 4: Complaint Details

Please summarize your complaint using these guidelines:

- W Tell us **WHAT** happened. Begin with how you first learned of the investment. Be specific as to what was said and by whom.
- W Tell us **WHO** was present during these conversations and meetings; please include the names, addresses and telephone numbers of any witnesses.
- W Tell us **WHEN** and **WHERE** conversations/meeting took place.
- W Tell us **WHEN** and **WHERE** the money and/or agreements changed hands.
- W Tell us **HOW** you know that false representations were made or **HOW** you know your money was misused; please offer all facts/evidence that you have available in support of your complaint. Please keep dates and events in sequence.

## SECTION 5: Attachments

Attach photocopies of all documents such as statements, confirmations, contracts, agreements, certificates, notes, trust deeds, correspondence, legible copies of the front and back of checks, prospectus, advertising, etc. Documentary evidence is especially important. Please do not send originals as we cannot be responsible for their safekeeping.

Are you willing to testify in a court of Law regarding this case?

☐ YES

☐ NO

### NOTICE:

In filing this complaint, you are stating the information you are providing is true and correct to the best of your knowledge and that the information may be used by the Division to further investigate your complaint.

Please make sure your complaint is:

- completed electronically and printed
- signed with an original signature
- complete and includes all photocopied attachments

X

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

IF THIS REPORT WAS PREPARED BY SOMEONE OTHER THAN COMPLAINANT, PLEASE  
INDICATE WHO PREPARED THIS REPORT

X

\_\_\_\_\_  
Signature of Person Completing Report

\_\_\_\_\_  
Date